

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

1052555

FILING DATE

APPLICANT(S)

5-9-06 8-11-08 2-9-09 CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1		1			
3		2		1		
4		1		1		
5		1		1		
6		1		1		
7		1		1		
8		1		1		
9		1		1		
10		1		1		
11		1		1		
12		1		1		
13		1		2		
14		1		2		
15		1		1		
16		1		1		
17		1		1		
18		1		1		
19		1		1		
20		1		1		
21		1		1		
22		1		1		
23		1		1		
24		1		1		
25		1		1		
26	1					
27	1	1				
28		1				
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39		1				
40		1				
41		1				
42					1	
43						1
44						1
45					1	
46						1
47						1
48					1	
49						1
50						1
TOTAL IND.	3		1		4	
TOTAL DEP.	47		25		8	
TOTAL CLAIMS	50		26		12	

	★		★		★	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						1
52						1
53					1	
54						
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						